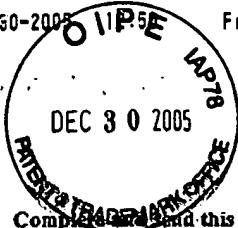


12-30-2005

From-MARTIN&FERRAROLLP

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T-658 P.002/003 F-491



DEC 30 2005

PART B - FEE(S) TRANSMITTAL

Complete and sign this form, together with applicable fee(s), to: Mail

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22882 7590 12/02/2005

MARTIN & FERRARO, LLP
 1557 LAKE OPINES STREET, NE
 HARTVILLE, OH 44632

01/03/2006 TBESHAW2 00000027 501066 10765341

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Sandra L. Blackmon

(Depositor's name)

(Signature)

(Date)

December 29, 2005

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|-----------------------|---------------------|------------------|
| 10/765,341 | 01/21/2004 | Gary Karlin Michelson | 101.0036-02000 | 1065 |

TITLE OF INVENTION: SURGICAL RONGEUR HAVING A REMOVABLE STORAGE MEMBER

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|--------------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES | \$700 | \$300 | \$1000 | 03/02/2006 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | |
| THALER, MICHAEL H. | | 3731 | 606-083000 | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Martin & Ferraro, LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Gary Karlin Michelson

Los Angeles, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies _____ The Director is hereby authorized by change the required fee(s), or credit any overpayment, to Deposit Account Number 50-1066 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Date December 29, 2005

Typed or printed name Amber F. Ferraro

Registration No. 37,129

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 17 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TO:

Name: Mail Stop ISSUE FEE
Firm: U.S. Patent & Trademark Office
Fax No.: 571-273-2885
Subject: U.S. Patent Application No. 10/765,341
 Gary Karlin Michelson
 Filed: January 27, 2004
 SURGICAL RONGEUR HAVING A REMOVABLE
 STORAGE MEMBER
 Attorney Docket No. 101.0036-02000
 Customer No. 22882
 Confirmation No. 1065

FROM:

Name: Amedeo F. Ferraro, Esq.
Phone No.: 310-286-9800
No. of Pages (including this): 3
Date: December 30, 2005
Confirmation Copy to Follow: No

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Issue Fee Transmittal Form (in duplicate; total amount of \$1,000.00 to cover the \$700 issue fee and \$300 publication fee is to be charged to Deposit Account No. 50-1066) are being facsimile transmitted to the U.S. Patent and Trademark Office on December 30, 2005.

Sandra L. Blackmon

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